

Revision: HCFA-PM-91-4 (BPD)  
August 1991

OMB No.: 0938-

State: NEVADA

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation  
42 CFR  
435.10 and  
Subpart J

2.1 Application, Determination of Eligibility and  
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

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TN No. 91-22  
Supersedes  
TN No. 75B41

Approval Date Jan 13 1992 Effective Date 10/01/91

HCFA ID: 7982E

State: NEVADACitation

42 CFR  
435.914  
1902(a)(34)  
of the Act

2.1(b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

1902(e)(8) and  
1905(a) of the  
Act

(2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after The end of the month which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

1902(a)(47) and

\_\_\_\_\_ (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

TN # 03-14  
Supersedes TN # 97-02

Effective Date 8-13-03  
Approval Date 10/10/03

Revision: HCFA-PM-91-8 (MB)  
October 1991

OMB No.: 0938-

State: NEVADA

Citation

1902(a)(55)

of the Act

2.1(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in Section 1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADC form except as permitted by HCFA instructions.

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TN No. 92-6  
Supersedes 91-22 Approval Date Feb 11, 1992 Effective Date 1/1/92  
TN No. 91-22